



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
**OFFICE OF INSPECTOR GENERAL**

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**TO:** Pamela S. Hyde  
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**FROM:** Suzanne Murrin */S/*  
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**SUBJECT:** Memorandum Report: *SAMHSA Has Improved Outcome Reporting for the Substance Abuse Prevention and Treatment Block Grant*,  
OEI-04-12-00160

This memorandum report provides information about the reporting of national outcome measures (NOMs) for the Substance Abuse and Mental Health Services Administration's (SAMHSA) largest grant program, the Substance Abuse Prevention and Treatment Block Grant (SABG). SAMHSA's efforts to improve outcome measurement for the SABG program achieved nearly complete reporting compliance by the grantees in our review. SAMHSA's use of existing data sources to populate data fields for grantees, as well as its oversight of and technical assistance to grantees on outcome measurement, may have contributed to this success.

To more efficiently evaluate the SABG program's performance, SAMHSA has proposed substantial changes to the SABG application for fiscal years (FYs) 2016 and 2017. Therefore, we offer no recommendations but are providing this information for SAMHSA's consideration as it develops and implements its planned changes.

## SUMMARY

SAMHSA leads public health efforts to improve the quality and availability of prevention and treatment services for substance abuse and mental illness. One such effort is the SABG program, which provides over \$1.7 billion each FY to States, territories, and tribes (hereinafter referred to collectively as "grantees") to prevent and treat substance abuse.<sup>1</sup>

We collected information and documentation from SAMHSA and from the SABG applications for FYs 2011 and 2012 from 10 purposively selected grantees. We found

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<sup>1</sup> U.S. Department of Health and Human Services' (HHS) *Budgets in Brief* from FY 2002 to FY 2015. Accessed at <http://www.hhs.gov/budget/> on December 3, 2014.

that SAMHSA had developed outcome measures to assess the performance of its programs, including the SABG program. Of the 10 selected grantees, all but 1 had data in their applications regarding all measures related to treatment and prevention. The remaining grantee did not have data for one of the seven treatment measures; it stated that it was developing a new system to adequately collect data for that measure. However, that grantee did have data for all prevention measures. Further, SAMHSA conducted onsite reviews and provided technical assistance to grantees, in part to improve the reporting of outcomes.

SAMHSA has proposed substantial changes to its application for FYs 2016–2017 to more efficiently evaluate the SABG program’s performance. Therefore, we offer no recommendations but are providing this information for SAMHSA’s consideration as it develops and implements these changes. We encourage SAMHSA to continue working with grantees to improve their capabilities for reporting and collecting data—in particular, those capabilities related to outcome measurement.

## **BACKGROUND**

SAMHSA is required to collect performance data and analyze the effectiveness of its programs.<sup>2</sup> In recent years, SAMHSA reports that it has made significant strides in improving performance and outcome measurement for its block grant programs, including the SABG program. In particular, according to SAMHSA, it has streamlined performance reporting and management, validated data quality, linked different data sources, and promoted evidence-based decisionmaking.<sup>3</sup> Additionally, SAMHSA continues to be committed to improving the data collection of performance and outcome measures, and it has made efforts to streamline and reduce reporting burden while enhancing the access and use of available data without overburdening grantees or SAMHSA’s infrastructure.<sup>4</sup>

### **Substance Abuse Prevention and Treatment Block Grant**

The SABG was established in 1992 to provide funding to grantees for planning, carrying out, and evaluating activities to prevent and treat substance abuse.<sup>5</sup> Within SAMHSA, the Center for Substance Abuse Prevention (CSAP) and the Center for Substance Abuse Treatment (CSAT) administer the SABG program.

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<sup>2</sup> HHS is required to report on the performance of the entire Department each year (5 U.S.C. § 306), and each HHS Operating Division, such as SAMSHA, provides information to that report. See, e.g., *FY 2013 HHS Annual Performance Report and Performance Plan* (February 2012).

<sup>3</sup> SAMHSA, *Fiscal Year 2016 Justification of Estimates for Appropriations Committees*, p. 15. Accessed at <http://www.samhsa.gov/sites/default/files/samhsa-fy2016-congressional-justification.pdf> on May 12, 2015.

<sup>4</sup> *Ibid.*, p. 15.

<sup>5</sup> P.L. No. 102-321, Title II, § 202 (amending Title XIX, Part B of the Public Health Service Act (PHSA) to add a new Subpart B (42 U.S.C. §§ 300x-21 – 300x-35)). Grantees administer the SABG subject to the restrictions in Title XIX of the PHSA (42 U.S.C. §§ 300x-21 et seq.) and implementing regulations found at 45 CFR pt. 96.

Each grantee must apply annually for SABG funds and can submit applications electronically through the Web Block Grant Application System.<sup>6</sup> Grantees must have the flexibility to distribute SABG funds to subrecipients (e.g., local government entities and community- and faith-based organizations).<sup>7</sup> Grantees and subrecipients must deliver (1) substance abuse prevention activities to individuals and communities impacted by substance abuse and (2) substance use disorder treatment and recovery support services to impacted individuals and families.<sup>8</sup> As part of its application, each grantee is also required to submit to SAMHSA an annual report that describes its progress in meeting prevention and treatment goals, objectives, and activities.<sup>9</sup>

### **SAMHSA's Onsite Reviews of SABG Grantees**

SAMHSA is required to conduct onsite grantee reviews to monitor SABG expenditures in at least 10 States, territories, or tribes each FY.<sup>10</sup> Within SAMHSA, CSAP and CSAT conduct these onsite reviews to ensure that grantees comply with SABG program requirements and receive any technical assistance needed to improve the delivery of substance abuse services.

If CSAP identifies noncompliance with SABG program requirements during its onsite reviews, it requires grantees to take followup action. For example, if a grantee fails to make its SABG plan available to the public for comment or to correctly report information to SAMHSA, CSAP requires the grantee to take followup action.<sup>11</sup> CSAP also suggests potential enhancements to grantees if it identifies any areas for improvement.

In its onsite reviews, CSAT assesses grantees' compliance with SABG program requirements and identifies needs for technical assistance. If grantees need technical assistance related to data, CSAT refers the issue to the Center for Behavioral Health Statistics and Quality (CBHSQ), which has primary responsibility for the collection, analysis, and dissemination of SAMHSA's behavioral health data. Regardless of whether CSAT identifies any grantee needs for data-related technical assistance, grantees can also solicit assistance and support directly from CBHSQ.

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<sup>6</sup> SAMHSA, *Substance Abuse Prevention and Treatment Block Grant*, last updated February 2015. Accessed at <http://www.samhsa.gov/grants/block-grants/sabg> on May 12, 2015.

<sup>7</sup> Ibid.

<sup>8</sup> Ibid.

<sup>9</sup> Section 1942 of the PHS (42 U.S.C. § 300x-52) and the implementing regulation at 45 CFR § 96.122(f)(1)(ii). In the application, SABG grantees use information for the fiscal year 3 years prior to the fiscal year for which the grantee is applying for SABG funds to describe progress made in meeting prevention and treatment goals, objectives, and activities.

<sup>10</sup> Section 1945(g) of the PHS (42 U.S.C. § 300x-55(g)).

<sup>11</sup> These PHS requirements are found at sections 1922 (a)(1) (42 U.S.C. § 300x-22(a)(1)), 1941 (42 U.S.C. § 300x-51) and 1942 (42 U.S.C. § 300x-52)).

### **Historical Concerns with SAMHSA’s Performance and Outcome Measurement**

In 2004, the Government Accountability Office (GAO) reported that SAMHSA had not identified necessary strategies to achieve and measure its long-term goals.<sup>12</sup> In addition, in 2003, the Office of Management and Budget (OMB)—using the Program Assessment Rating Tool—had rated the SABG program as ineffective, giving it a score of 8 percent on program results and accountability.<sup>13</sup>

### **METHODOLOGY**

From the 60 grantees that received SABG funding in FYs 2011 and 2012, we purposively selected for each of the 10 HHS regions the grantee that had the highest amount of funding in those two years in that region.<sup>14, 15</sup> These 10 selected grantees, shown in Appendix A, collectively accounted for 50 percent of SABG funding in both FYs 2011 and 2012. We collected information and documentation from each of the 10 selected grantees. In particular, we collected and reviewed their SABG applications for FYs 2011 and 2012. We determined the completeness of the outcome data that the grantees reported in their applications, but we did not verify the accuracy of these data.

Additionally, we collected information and documentation from SAMHSA. In particular, we collected and reviewed documentation related to all onsite reviews that CSAT and CSAP conducted in FYs 2011 and 2012.<sup>16</sup> We then determined for each grantee whether CSAP required followup action and/or suggested potential enhancements that were specifically related to outcome measures.<sup>17</sup> Additionally, we determined for each grantee whether CSAT identified technical assistance needs related to outcome measures. We also determined whether CBHSQ provided technical assistance to grantees in FYs 2011 and 2012.

This study was conducted in accordance with the *Quality Standards for Inspection and Evaluation* issued by the Council of the Inspectors General on Integrity and Efficiency.

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<sup>12</sup> GAO, *Substance Abuse and Mental Health Services Administration: Planning for Program Changes and Future Workforce Needs is Incomplete*, GAO-04-683. Accessed at <http://www.gao.gov/products/GAO-04-683> on May 13, 2015.

<sup>13</sup> OMB, *Detailed Information on the Substance Abuse Prevention and Treatment Block Grant Assessment*, 2003. Accessed at <http://georgewbush-whitehouse.archives.gov/omb/expectmore/detail/10001066.2003.html> on May 20, 2015. The Program Assessment Rating Tool, which rated Federal programs on their effectiveness, was instituted in 2002 and discontinued in 2009.

<sup>14</sup> SABG grantees consisted of 50 States, 8 territories, 1 tribe, and the District of Columbia.

<sup>15</sup> HHS, *HHS Region Map*, June 2006 (last reviewed). Accessed at <http://www.hhs.gov/about/regionmap.html> on May 13, 2015.

<sup>16</sup> Five of the ten selected SABG grantees for which we reviewed applications had received an onsite review from CSAP and/or CSAT in FYs 2011 or 2012.

<sup>17</sup> For one grantee, CSAP suggested a potential enhancement that was already included in a followup action that CSAP was requiring the grantee to take. To avoid duplication, we included the required followup action in our analysis and did not include the potential enhancement.

## RESULTS

### SAMHSA developed outcome measures to assess its programs' performance

In conjunction with States and other stakeholders, SAMHSA developed NOMs to assess performance and improve accountability of its programs. As shown in Table 1, NOMs are composed of domains, outcomes, and measures. The domain for each NOM has an expected outcome, as well as treatment and/or prevention measures that are used to determine whether the expected outcome was achieved. In their SABG applications for FYs 2011 and 2012, grantees were required to report on eight NOM domains. Specifically, they reported data for 7 treatment measures and 13 prevention measures, and these data were used to determine whether the expected outcome for each NOM domain was achieved.

**Table 1: NOMs' Domains, Outcomes, and Measures, FYs 2011 and 2012**

NOM	Domain	Outcome	Treatment Measures	Prevention Measures
1	Reduced Morbidity	Abstinence From Drug/Alcohol Use	Clients with no alcohol use at admission versus discharge	30-day use
				Perception of risk/harm of use
			Clients with no drug use at admission versus discharge	Age of first use
				Perception of disapproval/attitudes
2	Employment/ Education	Increased/Retained Employment or Return to/Stay in School	Clients employed or in school at admission versus discharge	Perception of workplace policy
				Average daily school attendance rate
3	Crime and Criminal Justice	Decreased Criminal Justice Involvement	Clients without arrests (prior 30 days) at admission versus discharge	Alcohol-related traffic fatalities
				Alcohol- and drug-related arrests
4	Stability in Housing	Increased Stability in Housing	Clients being in stable housing situation at admission versus discharge	Not applicable*
5	Social Connectedness	Increased Social Supports/Social Connectedness	Clients participating in self-help and/or support groups at admission versus discharge	Family communication around drug and alcohol use
6	Access/Capacity	Increased Access to Services (Service Capacity)	Not applicable*	Number of persons served by age, gender, race and ethnicity
7	Retention	Increased Retention in Treatment-Substance Abuse	Length of stay from admission to discharge	Number of evidence-based programs and strategies
				Percentage of youth seeing, reading, watching, or listening to a prevention message
8	Use of Evidence-Based Practices	Use of Evidence-Based Practices	Not applicable*	Number of evidence-based programs and strategies

\*Treatment or prevention measure was under development in FYs 2011 or 2012.

Note: The Employment/Education domain has three prevention measures; however, one of these prevention measures—alcohol-, tobacco-, and other drug-related suspensions and expulsions—was under development in FYs 2011 and 2012.

Source: OIG review of FY 2011 and 2012 SABG applications for selected grantees, 2015.

To reduce grantees' data collection and reporting burden, SAMHSA may pre-fill data fields associated with certain treatment and prevention measures in applications using available data. For treatment measures, data fields in the Web Block Grant Application System are automatically populated using aggregated State data contained in the Treatment Episode Data Set (TEDS). TEDS is a national client-level database on substance abuse treatment. It compiles data extracts from States' systems using a predetermined format and, if necessary, converts State data elements to standard TEDS data definitions.<sup>18</sup> SAMHSA uses TEDS to measure program performance, as well as to conduct comparisons and identify trends related to substance abuse treatment, at the national or State level.

For most prevention measures, data fields in the Web Block Grant Application System are automatically populated using data from the National Survey on Drug Use and Health, the National Center for Education Statistics' National Public Education Finance Survey, the National Highway Traffic Safety Administration Fatality Analysis Reporting System, and the Federal Bureau of Investigation Uniform Crime Reports.<sup>19</sup> The National Survey on Drug Use and Health is an annual survey of the United States civilian noninstitutional population aged 12 and older that provides national and State-level estimates on the use of tobacco products, alcohol, and illicit drugs, and on mental health.<sup>20</sup> For the remaining prevention measures, grantees provide the data in the application, which SAMHSA uses to monitor trends in grantee-level prevention outcomes and to identify technical assistance needs.

**Of the 10 selected SABG grantees, all but one had data in their FY 2011 and 2012 applications for all required treatment and prevention measures**

Of the 10 selected SABG grantees, 9 had data in their FY 2011 and 2012 applications for all treatment and prevention measures. The remaining selected grantee did not have data in its application for one of the seven treatment measures, but it had data for all 13 prevention measures. In its FY 2011 and 2012 applications, this grantee stated that it was developing a new system to adequately collect the treatment-measure-related data that its application was lacking at that time.

**SAMHSA conducted onsite reviews and provided technical assistance to SABG grantees, in part, to improve outcome reporting**

SAMHSA conducted onsite reviews for a total of 28 grantees in FY 2011 and 15 grantees in FY 2012.<sup>21</sup> Within SAMHSA, CSAP and CSAT conduct onsite reviews to ensure that

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<sup>18</sup> SAMHSA, *Treatment Episode Data Set (TEDS) State Instruction Manual with State TEDS Submission System (STSS) Guide*, Version 3.2, May 2014. Accessed at [http://www.dasis.samhsa.gov/dasis2/manuals/teds\\_manual.pdf](http://www.dasis.samhsa.gov/dasis2/manuals/teds_manual.pdf) on May 13, 2015.

<sup>19</sup> SAMHSA, *SABG Uniform Application*, FYs 2011 and 2012. See also SAMHSA, *Detailed Key Findings from the Independent Evaluation of the SAPT Block Grant Program*, June 2009, p. 8.

<sup>20</sup> Section 505 of the PHSA (42 U.S.C. § 290aa-4); the National Survey on Drug Use and Health, *About the Survey*. Accessed at [https://nsduhweb.rti.org/respweb/project\\_description.html](https://nsduhweb.rti.org/respweb/project_description.html) on May 14, 2015. The survey is funded by SAMHSA and conducted by Research Triangle Institute.

<sup>21</sup> Three grantees in FY 2011 and four grantees in FY 2012 received onsite reviews from both CSAP and CSAT.

grantees comply with SABG program requirements and receive any technical assistance needed to improve the delivery of substance abuse services.

CSAP conducted onsite reviews in FYs 2011 and 2012 for 26 grantees. In FY 2011, CSAP required three grantees to take followup actions regarding deficiencies with data collection and reporting of prevention NOMs. During these onsite reviews, CSAP also identified potential enhancements to improve the data collection and/or reporting of prevention NOMs for 11 grantees, and most grantees indicated that they would pursue implementation of these potential enhancements.

In addition, CSAT conducted onsite reviews in FYs 2011 and 2012 for 24 grantees and identified technical assistance needs, though none of these needs were related to treatment NOMs. CBHSQ provided ongoing technical assistance to grantees related to treatment NOMs during our review period.

CSAP required followup actions and suggested potential enhancements related to prevention NOMs. CSAP requires followup action of grantees when its onsite reviews identify noncompliance with SABG program requirements, such as failing to correctly report information to SAMHSA. Most of the 26 grantees for which CSAP conducted onsite reviews in FYs 2011 and 2012 complied with data collection and reporting requirements of prevention NOMs. However, CSAP required followup action for three grantees in FY 2011 related to deficiencies with the collection of data for and the reporting of prevention NOMs. It did not require followup action for this reason for any grantees in FY 2012.

Of the three grantees for which CSAP required followup actions, one was not collecting and reporting data for prevention measures associated with all programs funded through the portion of the SABG that is set aside for primary prevention strategies for substance abuse.<sup>22</sup> In this case, CSAP required the grantee to report in its applications the data for all SABG-funded prevention programs for the next compliance year and all subsequent years. This grantee did so in its subsequent application. Another grantee reported on all but one prevention measure in its application, and CSAP required it to report on all prevention measures. This grantee did so in its subsequent applications. The remaining grantee did not report data for all prevention measures. As a result, CSAP required it to report these data in subsequent applications. This grantee is working toward taking this action by enhancing its data collection system to ensure that it accurately and completely reports on all prevention measures.

CSAP suggests potential enhancements to grantees if it identifies any areas for improvement during onsite reviews; grantees' implementation of these potential enhancements is voluntary. In FYs 2011 and 2012, CSAP suggested 15 potential enhancements to 11 grantees to improve the data collection and/or reporting of prevention NOMs. Table 2 categorizes the types of NOM-related potential enhancements that CSAP suggested to grantees.

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<sup>22</sup> Grantees are required to spend no less than 20 percent of SABG funds on primary prevention strategies for substance abuse. 45 CFR §§ 96.124–96.125.

**Table 2: Categorization of Potential Enhancements Related to Data Collection and/or Reporting of Prevention NOMs, FYs 2011 and 2012**

Category	Number of Potential Enhancements	
	FY 2011	FY 2012
Enhancing system that collects data for and reports on prevention NOMs	6	3
Accurately reporting data for prevention NOMs in applications	2	1
Increasing subrecipient ability to collect and report data for prevention NOMs	2	0
Developing quality assurance process to ensure correct reporting for prevention NOMs	1	0
<b>Total</b>	<b>11</b>	<b>4</b>

Source: OIG review of CSAP documentation from FY 2011 and 2012 onsite reviews of grantees, 2015.

In FY 2011, CSAP suggested to 8 grantees 11 potential enhancements related to the data collection and/or reporting of prevention NOMs. For five grantees, CSAP suggested one potential enhancement per grantee; all but one indicated that they would pursue implementation. For the remaining three grantees, CSAP suggested two NOM-related potential enhancements per grantee. One of these grantees indicated that it would pursue implementation for both potential enhancements, one did so for one of the two potential enhancements, and the remaining grantee indicated that it would take no action regarding either potential enhancement.

In FY 2012, CSAP suggested to three grantees four potential enhancements related to the data collection and/or reporting of prevention NOMs. All three grantees indicated that they would pursue implementation of these potential enhancements.

CSAT conducted onsite reviews, and CBHSQ provided ongoing technical assistance related to treatment NOMs. CSAT conducted site visits in FYs 2011 and 2012 for 24 grantees and identified technical assistance needs; however, none of these needs were related to treatment NOMs. Additionally, when CSAT conducted these grantee site visits, it compiled information on grantees' readiness to report on NOMs. All 24 grantees collected or planned to collect data for treatment NOMs that were defined in FYs 2011 and 2012.

In addition, in FYs 2011 and 2012, CBHSQ provided ongoing technical assistance and support to grantees related to treatment NOMs by, for example, responding to questions related to data reporting and submission in TEDS, consulting with grantees on approaches to capture and report data given the grantees' service delivery structures and computer systems, and bringing together grantees that have similar issues so that they can confer with and assist one another. CBHSQ provided this technical assistance and

support through various methods, including conference/phone calls, emails, Webinars, and instruction manuals.

## CONCLUSION

SAMHSA's efforts to improve outcome measurement for the SABG program achieved nearly complete reporting compliance by the grantees in our review. SAMHSA's use of existing data sources to populate data fields for grantees, as well as SAMHSA's oversight of and technical assistance to grantees on outcome measurement, may have contributed to this success. Of the 10 selected grantees in our review, all but 1 had data in their applications for FYs 2011 and 2012 regarding all measures related to treatment and prevention. The remaining grantee did not have data for one of the seven treatment measures; it stated that it was developing a new system to adequately collect data for that measure. However, that grantee did have data for all prevention measures. Further, SAMHSA conducted onsite reviews and provided technical assistance to grantees, in part to improve the reporting of outcomes. In addition, SAMHSA continues to improve the data collection of performance and outcome measures and has made efforts to streamline and reduce reporting burden while enhancing access and use of available data.

To more efficiently evaluate the SABG program's performance, SAMHSA has proposed changes to the SABG application for FYs 2016 and 2017—specifically, client-level measures that will build upon existing data systems, namely TEDS.<sup>23</sup> Although some of these measures overlap with the treatment and prevention measures that grantees reported in their SABG applications for FYs 2011 and 2012, some measures are new and some existing measures have been revised. The deadline for grantees to provide feedback to SAMHSA on these proposed changes was May 1, 2015.

Because SAMHSA has proposed these substantial changes to the SABG application, we offer no recommendations but are providing this information for SAMHSA's consideration as it develops and implements its planned changes. We encourage SAMHSA to continue working with grantees to improve their capabilities for reporting and collecting data—in particular, those capabilities related to outcome measurement.

This report is being issued directly in final form because it contains no recommendations. If you have comments or questions about this report, please provide them within 60 days. Please refer to report number OEI-04-12-00160 in all correspondence.

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<sup>23</sup> SAMHSA, *Provide Feedback on Proposed Client-Level Measures for Block Grant Programs*. Accessed at <http://store.samhsa.gov/blockgrant/feedback/index.html> on March 13, 2015.

**APPENDIX A****SABG Funding by Selected Grantee, FYs 2011 and 2012**

Grantee and HHS Region	FY 2011		FY 2012	
	SABG Funding	Percentage of SABG Funding	SABG Funding	Percentage of SABG Funding
California (Region IX)	\$249,428,956	14.7%	\$248,892,428	14.7%
Texas (Region VI)	\$135,246,934	8.0%	\$134,956,016	8.0%
New York (Region II)	\$114,884,455	6.8%	\$114,637,337	6.8%
Florida (Region IV)	\$99,796,302	5.9%	\$99,581,639	5.9%
Illinois (Region V)	\$69,493,373	4.1%	\$69,343,892	4.1%
Pennsylvania (Region III)	\$58,766,078	3.5%	\$58,639,671	3.5%
Washington (Region X)	\$34,787,819	2.1%	\$34,712,990	2.1%
Massachusetts (Region I)	\$34,146,666	2.0%	\$34,073,216	2.0%
Colorado (Region VIII)	\$26,159,532	1.5%	\$26,103,262	1.5%
Missouri (Region VII)	\$26,016,004	1.5%	\$25,960,043	1.5%
<b>Total (Selected Grantees)</b>	<b>\$848,726,119</b>	<b>50.1%</b>	<b>\$846,900,494</b>	<b>50.1%</b>
<b>Total (All Grantees)</b>	<b>\$1,693,519,655</b>	<b>100.0%</b>	<b>\$1,689,876,866</b>	<b>100.0%</b>

Source: SAMHSA, *Department of Health and Human Services FY 2013 Substance Abuse and Mental Health Services Administration Justification of Estimates for Appropriations Committees*, pp. 156–157.